Occupational Disease Recognition Process in Modern and Contemporary Japan and Mining Archives

Bernard THOMANN

The historical account of mining labor is dominated by three main currents that develop both in the field of memory and in historical science.

First there is a story centered on the figure of the miner hero of Japanese economic growth. The somewhat nostalgic representation of this miner appears as dominant in the many mine museums found throughout the archipelago. We can also associate to this representation the miner painted by Yamamoto Sakubei. The latter is the embodiment of a vanished industrial world which strikes by its violence, but which today appears, through its UNESCO world heritage status, as part of the cultural identity of twentieth century Japan. Alongside this figure of the miner hero or embodying the recognition of the cultural heritage that represents the world of industrial labor, there is also a narrative centered on the figure of the miner as a victim. The celebration of Yamamoto Sakubei's work is not univocal and may also lean in this direction, but it is Ueno Eishin's Oral History works on the miners of the Chikuhô basin in full decline, or those of Mathew Allen which are the most typical of this literature. There are also Hayashi Eidai's numerous books on the condition of miners before and after the war, and in particular on that of Korean miners. Tanaka Tomoko's studies on the victims of CO poisoning following the explosion at the Mikawa pit in Mitsui can also be linked to this current. Finally, there is the account of the modernization of lifestyles and the rise in the standard of living of miners during the twentieth century. This story is carried by historians like Ogino Yoshihiro, Ichihara Hiroshi or Shimanishi Tomoki, or sociologists like Shimazaki Naoko. However, surprisingly, these three types of narratives, covering a very wide range of the experiences of miners and their families during the twentieth century, very marginally affect silicosis and pneumoconiosis, yet the disease that has caused the most deaths among miners in the country's industrial history.

A disturbing absence

There are very rare references to silicosis in museums dedicated to the mine. For example, in the Ashio Copper Mine Museum or the Miike Mine History Museum (Ômutashi sekitan sangyô kagaku hakubutsukan 大牟田市石炭産業科学博物館). However, what is most surprising is the absence of silicosis in the work of artists or authors who have tried to approach the lives of miners in its most difficult aspects. Among Yamamoto's 800 works, many evoke accidents or violence, but none address silicosis. There is also the very emblematic case of Ueno Eishin who nevertheless devoted the second half of his life to make known and to defend the cause of the miners of Chikuhô.

The absence of this disease in the work of these authors can first be understood by its very characteristics. While unemployment or accidents strike mining communities immediately, and often collectively, silicosis reaches the miner after a long latency period, often when he no longer works for the mine and the symptoms mingle with those of ageing. Even when it strikes younger, its progressive and insidious character leaves him and his family alone in the face of the disease. Finally, it is often associated with tuberculosis (silico-tuberculosis), a private and stigmatizing disease.

But it is this reflection of Kamata Satoshi, always close to the condition of miners, which undoubtedly touches more readily to one of the deepest causes of this invisibility :

> “Another unfortunate aspect of the condition of the miners that I did not address, even though they had suffered from it for many years, is the problem of pneumoconiosis. It's not that I haven't met miners in pain. Nor was it that I was indifferent. But at that very moment that dramatic events such as explosions and the clo-

sure of the mines affected the communities, the terribly daily problem of the occupational disease that is pneumoconiosis came to escape me"[1].

The absence of silicosis in this story can be explained in part by the relative difficulty of finding sources on the lives of silicotic miners and how they were taken care of by companies and unions. However, there are a large number of medical publications.

Medical publications

Medical research publications start very early, both in metal mines and in coal mines. Proto-industrial sources mention respiratory diseases related to dust inhalation in the metal mines of Sado, Okuzo, Ikuno or Iwamizawa. After the Meiji restoration in 1888, Ôtani's work on five sick miners at the Miike coal mine revealed "anthracose" cases[2]. Satô Eitarô, a doctor at the Ikuno silver mine hospital, published his research on the phthisis of miners in 1890 and 1892. His proximity to miners enabled him to describe the symptoms of the disease precisely, to investigate the history of his patients and to disseminate his results in newly created medical journals[3]. Overall, the large number of medical publications throughout Japan's industrial history has allowed for a fairly accurate medical history of silicosis[4]. There is also a fairly large number of publications on the legislation adopted in 1955 on silicosis (Keihaihô　珪肺法) and in 1960 on pneumoconiosis (Jinpaihô　じん肺法). However, medical histories and legal publications about this occupational disease have had little influence on the research of labour historians. More broadly, we can affirm that the social history and the medical history of occupational diseases have remained two very separate fields of research.

The question of company archives

One of the reasons for the relative lack of interest of labor history in health issues is undoubtedly linked to the Marxist historiographical tradition very centered on the question of salaries, but also to the scarcity of sources. However, the sources from company archives are potentially very numerous. Lawyers for victims of pneumoconiosis trials, such as the Chikuhô liability suits, have had access to data such as the number of miners detected during periodic medical visits by the companies' medical services or prevention-related data such as the number of dust masks made available to workers or the number of water-powered biting hammers. However, the very usefulness of these data in acknowledging the harm suffered by workers during the major pneumoconiosis trials from the 1980s onwards probably did not facilitate the communication of records on such subjects. While it is sometimes possible to obtain pre-war archives, consulting post-war archives is very difficult. The official histories of companies, although often very detailed and not hesitating to report on social conflicts, hardly mention silicosis and pneumoconiosis. The lack of archives also affects trade unions. The great histories of particular mining unions, such as the history of the Miike unions[5], for example, very often focus on the great conflicts related to demands for wage increases or struggles against industrial rationalization from the 1950s onwards, but not on occupational health issues.

This state of the art of silicosis publications, especially focused on medical research and legislation, is valuable but carries a risk for the historian who still wishes to make a social history of this occupational disease. The main risk is to reduce this history to that of a victorious march towards knowledge of the nosology, etiology and epidemiology of the disease and its progressive consideration by labor law. However, the main interest of what would

(1) Kamata Satoshi, « 'Ichizan ikka' no shisô », in 'Jôban jinpai saiban kinenshi' henshû iinkai, Yama no otokotachi – Jôban jinpai saiban 12 nenhan no kiseki, Tôkyô, 2000, p.8.

(2) Ônishi Seiji, « Kôhai ni kan suru kenkyû », Jûzenkai zasshi, vol. 29 n.5, 1923.

(3) Satô Eitarô, « Kôfu haibyô ni tsuite », Iji shinbun, n. 326, 1890, pp. 10-13.
Satô Eitarô, « Kôfu shakai no iwayuru endoku ni tsuite », Iji shinbun, n. 369, 1892, pp. 15-19.

(4) See in particular the work of the researchers of the Research Center on Labor Sciences (Rôdôkagaku kenkyû jo 労働科学研究所) Miura Toyohiko and Ebihara Osamu.

(5) For exemple : Miike tankô rôdô kumiai, Miike sanjûnen, Tôkyô, Rôdô junpôsha, 1967.

constitute a social history of silicosis and pneumoconiosis would be to show why, in spite of the progress of medical knowledge and labor legislation, the miners exposed to dust had so much difficulty to make recognize the evil from which he suffered.

Labor unions and associative sources

To make a history that is less focused on the production of experts - more easily accessible thanks to the abundance of specialized publications - and more on the experience of workers, the historian is not completely without instruments. Alongside expertise linked to the Japanese state or industrialists, there is some research produced by trade unions. The most famous is the 1925 survey entitled "yoroke"(よろけ). The term "yoroke", which means to stagger, was the term traditionally used by miners themselves to designate silicosis. It was used for the first time in 1848 during a strike at the Ookuzu gold mine who demanded a system of financial aid for the sick(6). The 1925 survey, carrying out a study at Ashio copper mine, was initiated by the Confederation of Miners of Japan (Zennihon kôfu sôrengôkai 全日本鉱夫総連合会) and led by Komiya Yoshitaka and Katsuda Chôsô(7), students and representatives of the growing interest of many young doctors of the 1920s in occupational health issues. It showed that what the miners called “yoroke” was an occupational disease and not a form of tuberculosis contracted outside of work. A number of demands were made to strengthen prevention and social protection(8). Trade union action to prevent silicosis is also mentioned in trade union newspapers. For example, in the January 27, 1952 issue of the "Miike" trade union organ, which reported on a consultation meeting (kondankai 懇談会) to discuss the prospect of a silicosis law and the situation in the Miike mine.

To understand workers' action, we must not be satisfied with sources attesting to trade union actions. Associative sources carry important informations. The National Federation of Pneumoconiosis Victims (Zenkoku jinpai kanja dômei 全国じん肺患者同盟) was formed in the early 1960s when the Tanrô and Zenkô trade unions, concerned mainly with defending jobs in the mining industry, abandoned their demands for an improvement of the 1960 Pneumoconiosis Act. The association began to meet regularly from May 1964 in the main hospitals for occupational accidents (Rôsai byôin　労災病院), especially in those where the greatest number of silicosis patients were treated, in Nagasaki (Kyûshû Nagasaki rôsai byôin　九州長崎労災病院) and in Iwamizawa (Hokkaidô Iwamizawa rôsai byôin　北海道岩見沢労災病院) (9). The association highlights a certain number of dysfunctions in the mechanisms of recognition and compensation of the disease, but is also a valuable source of alternative statistics to the figures resulting from medical visits in companies and which suffers from chronic under-recording. The association also became an important support for the pneumoconiosis trials victims that we will present below.

Available company archives

We saw above that company archives were difficult to access to find documents related to occupational diseases. However, they are not totally inaccessible thanks to the open policy of the Manuscript Library: Business and Economics Section of the Kyûshû University Library. The Meiji Hirayama mine archives contain interesting materials. For exemple, the Commission's reports on measures against pneumoconiosis (Jinpai taisaku iinkai　じん肺対策委員会) of 9 June 1964. The board has 6 company representatives and 6 union representatives but does not report on contradictory debates. It nevertheless indicates the situation of the epidemic on 15 May 1964. We learn for example that 14 patients are tunnel diggers, 14 at the coal face and 16 at other posts. 4 are hospitalized, 1 is absent for a long period, 4 have left their jobs, 1 will change jobs. There is interesting information on the quality of screening. The

(6)　Ônishi Seiji, « Kôhai ni kan suru kenkyû gaizetsu », Jûzenkai zasshi, vol. 29 n.5, 1923.,

(7)　Komiya and Katsuda were members of the Social Medicine Research Group (Shakai igaku kenkyûkai 社会医学研究会) formed in 1923 within the New Man Association (shinjinkai　新人会), a progressive student association of Tokyo University. In 1926, this group published a treatise entitled “The Socialization of Medicine” (Igaku no shakaika　医学の社会化) in which it denounced the purely commercial aims of liberal medicine and promoted industrial medicine and health insurance.

(8)　Zennihon kôfu sôrengôkai, Sangyô rôdô chôsajo, *Yoroke*, Tôkyô, Sangyô rôdô chôsajo, 1925.

(9)　Sakaoka Yoko, « Kyûtankô rôdôsha jinpai kanja no soshô kôdô buseki : Zenkoku jinpai kanja dômei no katsudô to shien », Enerugî shi kenkyû, 28, 2013, pp.37-51.

last campaign dates from March 1960, i.e. four years earlier, a period longer than the three-yearly period provided for in the 1960 law. The question of the quality of the radio equipment is also discussed. This is important since the quality of radiographic images is essential for effective screening[10]. Also discussed are prevention measures, such as the use of water, masks and water hammers. It can be noted that only 25 water hammers are used, which appears to be very little for a mine such as Hirayama which had 663 miners in activity in 1965. Individual patient records allow to see the past professional career, the progress of the disease and the history of its recognition. On one document, on can see that the patient was recognized as having had tuberculosis before being recognized as silicosis. Since medical check-ups indicate a very large number of cases of tuberculosis and very few cases of silicosis, it is legitimate to suspect that a large number of cases of silico-tuberculosis were diagnosed as simple cases of tuberculosis, not leading to financial compensation through the labor accident insurance scheme. It is also very revealing that the statistical tables of the cases of diseases present in the company do not contain a silicosis or pneuconiosis entry. The lung diseases counted are limited to cases of tuberculosis (hai kekkaku　肺結核) and pneumonia (haien　肺炎).

Pneumoconiosis liability suits archives

The archives that best reconstruct the mechanisms that have prevented many miners, despite advances in medical knowledge and the adoption of specific laws, from being recognized as victims, and all miners from benefiting from more effective preventive measures, are those of the pneumoconiosis trials that have taken place in most mining basins since the 1980s. Chikuhô's trial was probably the most important. On December 26, 1985, 84 victims and family members of 39 deceased victims, supported by a group of lawyers already linked to other cases, such as the Minamata pollution case, sued the state and six major mining companies. On 20 July 1995, the Fukuoka District Court ordered the six mining companies to pay about 197 million yen in damages for 104 victims of pneumoconiosis who had worked in the mines, but did not acknowledge state responsibility. After settlements with Mitsubishi, Sumitomo and Furukawa, on appeal, on 19 July 2001, the Fukuoka High Court ordered the remaining three companies and the state to pay 1.91 billion yen in compensation to former miners. On April 27, 2004, after a settlement with two other companies, the Supreme Court of Japan ruled against Nittetsu and the state and awarded a total of 566 million yen in damages to the plaintiffs. This Chikuhô trial is in itself indicative of the weakness of coal miners in the compromise that was embodied by the 1960 law on pneumoconiosis. It has also produced a large body of literature that gives us clues about the social mechanisms at work in the social invisibility of diseases. We were able to work on these archives which are kept at Kyûshû University. These archives consist of preparatory documents assembled by the defense, the hearing of witnesses (miners, experts, members of the management, etc.), statistics and investigations, mine inspection sheets and biographical information on the victims. Thanks to the latter documents, we were able to reconstruct the individual trajectories of pneumoconiosis victims. We have reproduced some of them in the graph below.

We can see in these individual trajectories that some workers had several employers while others had a more stable career, the situation of these miners reflecting the employment practices of the large firms more than those of the small firms that remained in the shadows during this trial. But what is most striking about these individual trajectories is that very few cases were detected during the employment period, with even a very long period between the end of employment and the diagnosis. There are also many cases of diagnosis after the case began (1985). A large proportion of detected cases are already at a very advanced stage and in most cases treatment was necessary as soon as the first diagnoses were made.

In addition to reconstructing the individual trajectories of sick miners and highlighting a certain number of factors of invisibility of the disease, liability trials have enabled the former mining communities to reappropriate a knowledge inscribed in their own experience, but also representations which had been confiscated by the development of professional expertise in the service of human resources management rather than the recognition and

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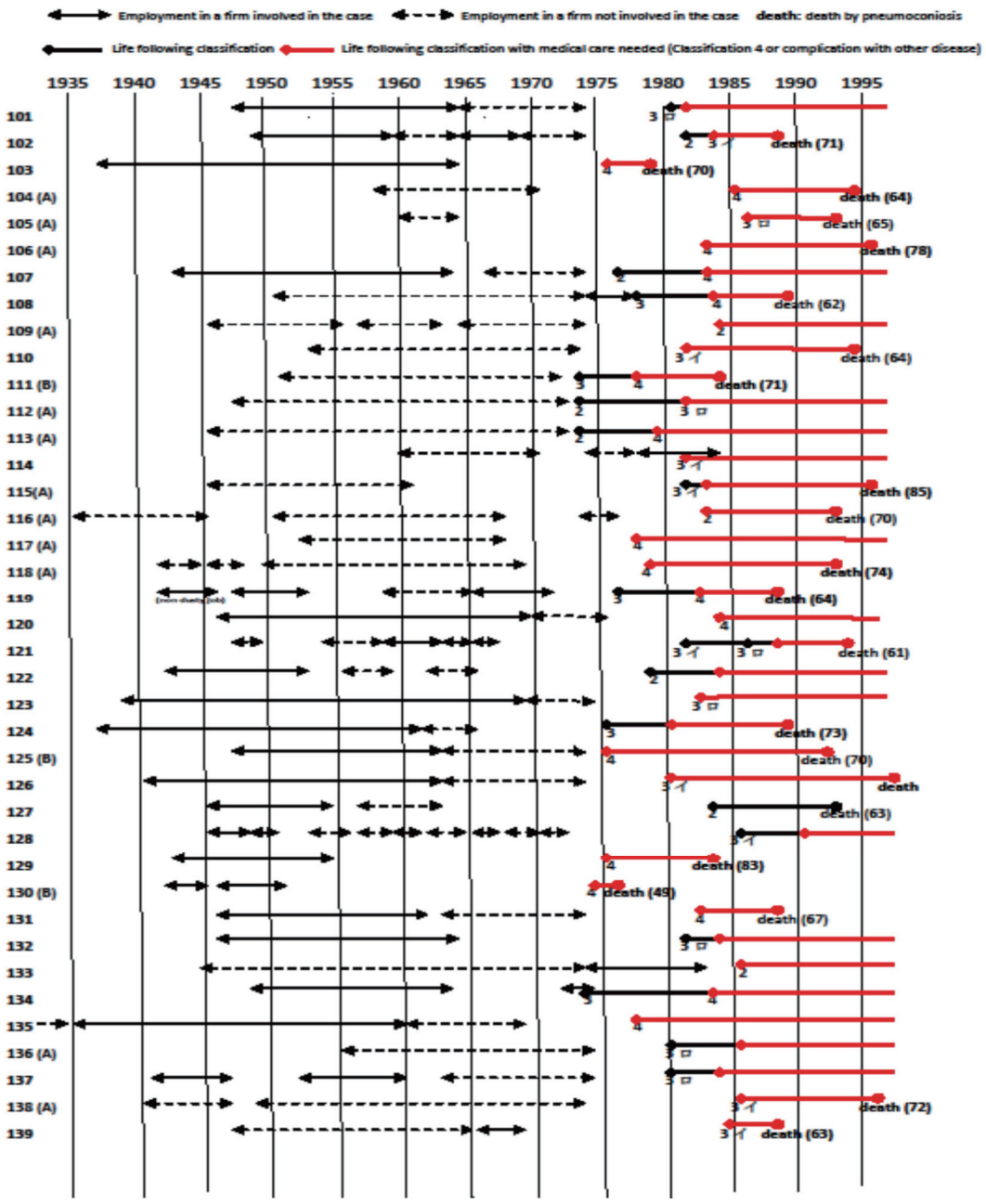
(10) According to Suzuki, effective screening for pneumoconiosis ideally requires a high-definition X-ray device of more than 100 kv, which even large companies are often not equipped with.

Suzuki Kiyoshi, «Kaisei jimpaihô no ni, san no mondaiten», *Aoyama keiei ronshû*, vol.13, n.3, déc. 1978, p.56-65.



management of the risks incurred by miners and their families. Indeed, most of the pneumoconiosis trials have given rise to collections recounting the history of community mobilization. One can retain from these fascinating collections that the reappropriation of knowledge and representations has passed through the multiplication of testimonies during the trials themselves, but through the expression of the experience of miners through a variety of artistic forms of expression (plays, photographs, poems, lithography...) that allowed them to regain visibility in the eyes of society that they had never had.